

SPRING

2016

Magnet

ATTRACTIONS



We Did it Again!

PAGE 4

A PASSION FOR BETTER MEDICINE





Anne Panik, MS, BSN, RN, NEA-BC
Senior vice president, patient care services and
chief nursing officer

I'M RETIRING IN JUNE AND TAKING ON A BRAND-NEW ROLE AS "CHIEF EXECUTIVE" OF MY LIFE

ON THE COVER

To celebrate our fourth Magnet® designation, LVHN Magnet champions were joined by members of the Nightshift Nurse Council, RN Advisory Council and the Professional Excellence Council to re-create the "4" cover photo from the Spring 2014 issue of "Magnet Attractions". See page 4 for colleague names.



OUR MAGNET® STORY

Magnet hospitals are so named because of their ability to attract and retain the best professional nurses. Magnet Attractions profiles our story at Lehigh Valley Health Network and shows how our clinical staff truly magnifies excellence.

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Behind the Scenes

I was alerted to expect a phone call at 2 p.m. on February 17. This was not just "a call"; it was, "The Call." We would learn if we achieved Magnet® re-designation for LVH–Cedar Crest, LVH–17th Street, LVH–Muhlenberg, LVHN–Tilghman, Home Care and Hospice.

Our team worked behind the scenes. We booked meeting rooms and auditorium spaces. We invited patient care services colleagues, physicians and LVHN leadership to attend. We prepared announcements for email, LVHN Daily and Lehigh Valley Health News. We ordered cupcakes. We even planned a video.

When February 17 arrived, we heard our joyous news in the company of hundreds of colleagues: We achieved Magnet recognition No. 4 together. What a wonderful moment! Thanks to everyone who worked behind the scenes to make it happen.

This issue of Magnet Attractions spotlights what goes on behind the scenes every day. For instance, colleagues in radiation oncology regularly care for patients who develop radiodermatitis, a painful side effect of treatment. Behind the scenes, they learned about a marigold-based treatment that had the potential to reduce the need for a topical steroid. They took that information and prepared an evidence-based project that compared the two. The compelling results were part of our Magnet evidence.

In this issue, you'll also go behind the scenes to learn what it's like if you are a Friends of Nursing nominee or one of our dedicated volunteer interviewers.

Every day at LVHN, a great amount of work occurs behind the scenes. I appreciate every detail you bring to your professional practice, because it directly benefits our patients. They are the people who see the end results of your dedication and marvel at it.

P.S.: This is my final "Rounds with Anne" column. As you've likely heard, I'm retiring in June and taking on a brand-new role as "chief executive" of my life! I have loved nearly every day as your chief nursing officer (CNO). Some days were more challenging than others, but the joy I feel thinking about everything we – and specifically you – have accomplished in the six short years that I have been CNO is truly gratifying.

Since 2010, the number of bachelor's prepared RNs has increased from 45.3 percent to 60 percent; the number of doctor of nursing practice candidates has grown from 0 in 2010 to 15 who will complete their doctoral degrees in 2016. (Plus 10 additional colleagues are currently enrolled in DNP programs.) Our certification program has helped bring the percentage of direct care nurses who have earned board certification up to 48 percent. (Among nurse leaders, that percentage is 90 percent.)

As a team, we have earned four consecutive Magnet® designations and established a nurse residency program in 2013 that has achieved an outstanding 91 percent retention rate among our resident nurses.

I will always admire the great passion you bring to your work, and I look forward to seeing the wonderful milestones you achieve in the next phases of your careers.

EP12

Nurses assume leadership roles in collaborative interprofessional activities to improve the quality of care. The establishment of the labor and delivery grieving room prompted conversation by nurses with pastoral care staff about ways we can best care for grieving families throughout the network.

Extending Patient Care by Helping Families Grieve

THANKS TO SARAH RINKER, RN, LABOR AND DELIVERY HAS A SPECIAL FAMILY SUPPORT ROOM. BUT THERE'S AN INITIATIVE UNDER WAY TO DO EVEN MORE.

On the worst day of Sarah Rinker's life, her mom had nowhere to go.

Rinker, was in the process of delivering a son she knew had been lost to a severe congenital heart defect. She and her husband Stephen had a last request of their LVH–Cedar Crest labor and delivery team – a moment to hold their Samuel and say goodbye. Rinker's mom, Janet, felt the couple should be alone for their moment of grief.

Janet also wanted to remain close by in case Rinker needed her. So she walked into the bathroom of Rinker's room, closed the door, sat on the floor, put her face in her hands and had her own moment of grief for Samuel.

"I found out what Mom did a few weeks later," says Rinker, of infection control and prevention. "I knew right then I wanted to do something for other families facing what we had faced. This was a place

where most people are experiencing the joy of welcoming a healthy child into the world. There was no place for those experiencing the opposite."

That was in January 2014. Because of a fundraising and donation effort spearheaded by the Rinkers, today the Samuel Rinker Memorial Family Support Room is available on the labor and delivery unit for family members feeling such a loss. Sarah Rinker also helped to pick out furnishings and artwork for the room.

"We've heard how appreciative people who have needed the room have been," Rinker says. "It's a comfort to us to be able to help others."

There are other hospital units with similar reflection rooms around LVHN, but Barbara Rutt, RN, manager of pastoral care, says space is simply at too much a premium for them to be commonplace. However, she's approaching the need differently.

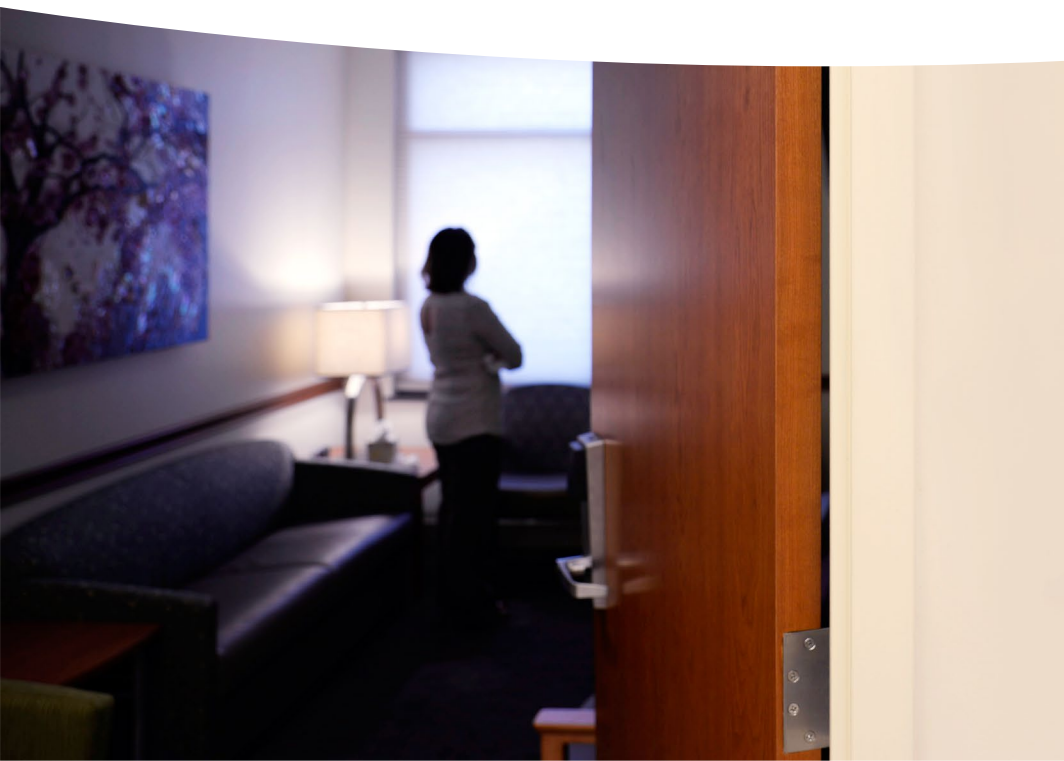
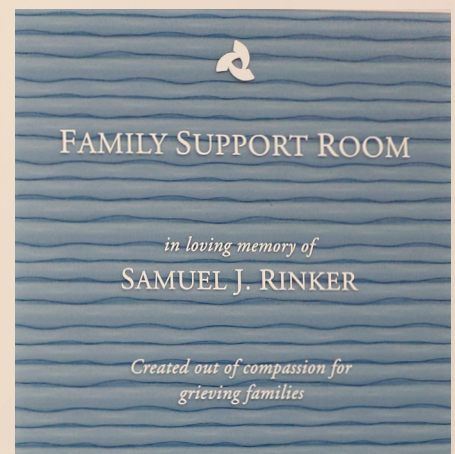
"We in pastoral care believe it's not so much a designated room as getting involved in the grieving process," Rutt says. "Chaplains are able to create the space needed to grieve and provide support to patients and families."

Rutt is working with Jennifer Silva, RN, administrator for women's and children's services, on a process where units could alert pastoral care when a loss is anticipated so a member of Rutt's team could provide such assistance.

"We see it as a wonderful extension of network patient care," Rutt says. "Our training gives us the tools to provide specialized supportive care, or assist in giving bad news. We could be a big help in that regard."



Sarah Rinker, RN



Our Fourth Magnet® Designation

BEHIND THE SCENES: SITE VISITS, EXEMPLARS AND CELEBRATION

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30. Karen Allwein
31. Sara Brotsky
32. Melissa Perri
33. Jessica Zimmerman
34. Debra Schweitzer
35. Kristi Hoeflein-Metz



For patient care services (PCS), 2016 started quickly. In early January, four Magnet Recognition Program® appraisers visited LVH–Cedar Crest, LVH–17th Street, LVH–Muhlenberg and LVHN–Tilghman, as well as home health and hospice services. The representatives learned firsthand how PCS colleagues demonstrated the Magnet sources of evidence.

Behind-the-Scenes

- 40+ nurses were site visit escorts for the appraisers.
- Each unit had Magnet Champion RNs (members of our Professional Excellence and Night Shift Councils and RN Advisors) to help present Magnet evidence.
- More than 200 patient care services staff and 30 physicians joined appraisers at meal breaks.
- 26 percent of all patient care services colleagues met with Magnet appraisers.

Designation announcement

In February, Anne Panik, RN, LVHN's chief nursing officer and senior vice president for PCS, received notification from the American Nurses Credentialing Center, the organization that administers the Magnet program, to prepare for the designation decision. "I was told to gather some of my colleagues on February 17 at 2 p.m. to hear our designation news," Panik says.

Behind the scenes

- Several hundred nurses and inter-professional colleagues gathered at LVH–Cedar Crest, LVH–17th Street, LVH–Muhlenberg and LVHN–Tilghman to hear the news.
 - Executive leaders Brian Nester, DO, Terry Capuano, RN, MSN, and Tom Whalen, MD, joined the gathering.
- Cheers resounded across the Lehigh Valley when we heard we were designated as Magnet for the fourth consecutive time.

"This credential is testament to the countless contributions your nurses, in collaboration with other team members, have made in their commitment to provide quality patient care through innovations in professional nursing practice."

–EXECUTIVE SUMMARY REPORT

Behind the scenes: Assisting with a Magnet Visit

Kellie Fitzpatrick, RN, medical-surgical nurse, 7B, LVH–Cedar Crest, and Caitlin Hertzog, RN, perioperative nurse, Fairgrounds Surgical Center, were part of the team that ensured the Magnet site visit went smoothly. Review their brief insights [here](#) and read their full interviews using the links below.

What was the unit visit like?

“The Magnet appraiser wanted to hear about all the great things the nursing staff does every day. She asked a few questions, but my colleague and I did most of the talking. We used our resources on the unit walls such as posters of achievements, staff certifications, and posters presented by staff at national conferences, as well showcased unit achievements detailed in the Magnet evidence.”

“The process was rewarding and a great professional nursing opportunity. Our redesignation is a credit to the excellent nursing staff at LVHN.”
– Kellie Fitzpatrick, RN, Magnet Champion RN

[READ FULL INTERVIEW](#)



What was your meeting like?

“My initial purpose as a Magnet escort was to tour the Magnet appraiser from PAT, through ASU and OR/PACU, on up to 3T at LVH–17th Street, stopping on each unit to allow the Magnet Champion to speak about their unit specialty, staff and accomplishments. I also ensured her site visit stayed on task and on time, and that she got to see all we have to offer. Once we crossed the bridge to Fairgrounds, I transitioned from Magnet escort to Magnet Champion. I gave the appraiser a tour of our unit, explaining how we are an all-RN staff, and in the last year we more than doubled our number of certified nurses. Throughout her entire visit it was noted that all of the Magnet Champions spoke very highly about their units and staff accomplishments.”

“The staff in this network is doing amazing things every day, and it’s rewarding to have been a part of this redesignation.”

–Caitlin Hertzog, RN, Magnet Champion RN and Magnet escort

[READ FULL INTERVIEW](#)



Exemplars Accompany Designation

THE EXECUTIVE SUMMARY REPORT SPOTLIGHTED TWO EXEMPLARS

Structural Empowerment: Nurse Residency Program

The program was honored for its focus on retaining new graduate nurses – exhibited by a 91 percent retention rate, as well as for the nurse residents’ work on evidence-based practice (EBP) projects – 108 completed since 2013; 64 in progress. The Center for Professional Excellence also was recognized for its assistance with EBP poster and presentation development.

Exemplary Professional Practice: Nurse-sensitive clinical indicators

► Core measure

Acute Myocardial Infarction (AMI)
Core Measure: The percent of AMI patients who receive aspirin within 24 hours before or after hospital admission outperformed the vendor’s national mean, median or other benchmark statistics for all eight quarters.

► Ambulatory or Outpatient Measure

The Home Health data for, “How often nurses checked patients for pain,” outperformed the mean, median or other benchmark statistics for all eight quarters.

MAGNET ATTRACTIONS IS A PUBLICATION FOR CLINICAL SERVICES

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The Switch to Calendula

RADIATION ONCOLOGY NURSING TEAM GATHERS EVIDENCE TO IMPLEMENT A PRACTICE CHANGE

Ninety-five percent of patients receiving radiation therapy experience some degree of radiodermatitis, skin inflammation caused by radiation.

Radiodermatitis can be very painful, impacting quality of life. When pain becomes severe, radiation therapy is sometimes halted, a significant setback in a patient's treatment plan.

The initial treatment for radiodermatitis at LVHN was Beta-Val®, a topical steroid available only by prescription that can cause minor side effects. That was the case until radiation oncology nurses attended the Oncology Nursing Society (ONS) Congress and learned about a new treatment, calendula lotion. Derived from marigolds, it's an over-the-counter product containing antioxidants that protect the body against cell-damaging free radicals.

"Within an ONS 'Putting Evidence into Practice' resource for radiodermatitis, calendula lotion was listed as, 'likely to be an effective intervention'" says oncology nursing program quality specialist Mandy Hendricks, MSN, RN, AOCNS. "Beta-Val was listed in the 'effectiveness not established' category, which is why the radiation oncology nursing team set out to further investigate a practice change."

Pilot shows promise

The team developed a pilot project to evaluate the effectiveness of calendula lotion for radiodermatitis in patients with breast cancer. Patients were given a document containing information about radiodermatitis and proper application of calendula lotion. The team also ensured Health Spectrum Pharmacy had enough lotion in stock.

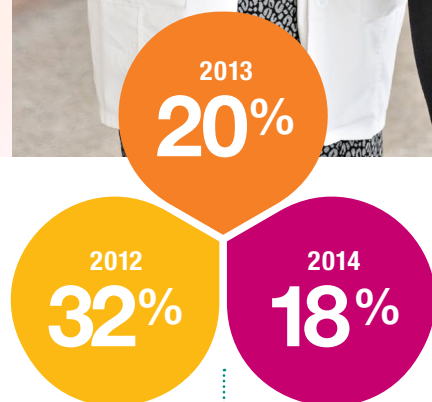
With everything in place, radiation oncology staff nurse Jennifer Bergenstock, BSN, RN, OCN, began collecting data. "We conducted weekly skin toxicity assessments on 63 patients for seven weeks," she says. "If calendula lotion was not effective, Beta-Val was prescribed." The results: Beta-Val was avoided in 18 of 63 patients.

Implementing a practice change

Based on their investigation, the team worked to make this practice available to more patients. They updated nursing processes, patient education materials and coordination of care with radiation oncologists for patients with lung, head and neck, brain and breast malignancies. These graphs show how patient care was impacted when their new process launched in November 2012.



NEW KNOWLEDGE,
INNOVATIONS AND
IMPROVEMENTS



Percentage of Patients
Prescribed Beta-Val

Time from Initial
Consult Until Beta-Val
Prescribed (if needed)

2012 **16.28 days**
2014 **27.52 days**

Sharing evidence

The team concluded the use of calendula lotion:

- Reduces Beta-Val prescriptions
- May delay the use of Beta-Val

These findings were part of the evidence LVHN submitted to be redesignated a Magnet® hospital. Radiation oncology nurses also delivered a poster presentation about their project at the Best of ONS Congress in Philadelphia and LVHN Research Day.

"I'm proud of our radiation oncology nurses. They do great things every day, and to have data that supports their great work is special."

—MANDY HENDRICKS, MSN, RN, AOCNS.

NK2 and NK3

Oncology nurses evaluated and used evidence-based findings to improve the care of radiation therapy patients by gathering evidence about calendula lotion vs. standard of care. Findings were shared at LVHN's Research Day and at the Best of ONS Congress in Philadelphia.

Mandy Hendricks, MSN, RN, AOCNS, Jennifer Bergenstock, BSN, RN, OCN, Mary Konek, RN, OCN, and Jeanette Blauth, MD, were among the radiation oncology team members who gathered evidence to implement a practice change for patients with radiodermatitis.

All evidence-based practices start with the same question: Is there a better way?

By following the evidence, we discover new ways to deliver care and improve outcomes. At any given time, dozens of evidence-based projects are underway here at LVHN. The “Spotlight on Evidence” column summarizes two of these projects and their findings.

PROJECT

Early Ambulation in Colon-rectal Surgery Patients

PROJECT PURPOSE (PICO QUESTION)

In adult postoperative colon-rectal surgical patients, does early ambulation – compared to delayed or no ambulation – decrease a patient’s overall length of stay?

BACKGROUND

- ▶ Ambulation promotes oxygen flow through the body, strengthens muscle tone and improves blood flow, which in turn helps wound healing and gastrointestinal and urinary function.
- ▶ Failure to ambulate increases risk for constipation, gas pains, weakness and infection.
- ▶ LVHN patients are currently encouraged to ambulate as soon as possible following surgery, but are not mandated to do so. Consequently, post-op ambulation varies from patient to patient.

EVIDENCE HIGHLIGHTS

- ▶ Current literature suggests that early ambulation after surgery can decrease length of stay.
- ▶ In one study, patients in the control group (delayed ambulation) were 2.5 times more likely than the experimental group (early ambulation) to require a postoperative stay of more than five days.

IMPLEMENTATION

- ▶ Sample size was 17 post-op colon-rectal surgery patients. Data was collected for approximately one month.
- ▶ Administrative partners placed an ambulation documentation chart in each patient’s chart upon admission.
- ▶ Staff was educated on project purpose and how to complete the ambulation chart. Patients were educated on the importance of ambulation and its impact on length of stay.
- ▶ When requested by patients, nurses and technical partners ambulated patients and documented accordingly. Charts were collected at discharge.

RESULTS

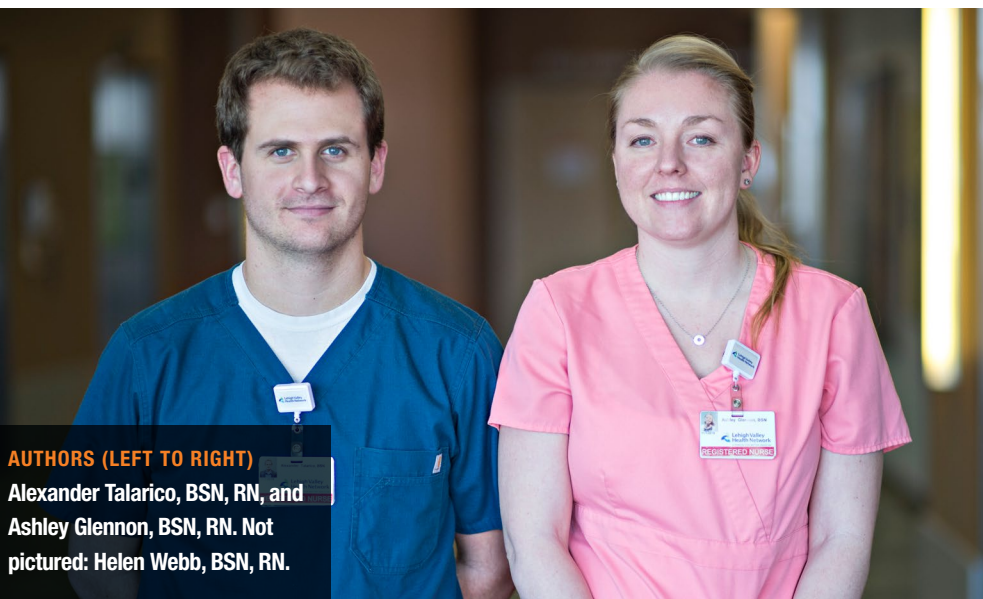
- ▶ Study data will be shared to encourage early ambulation with other types of surgeries and decrease length of stay in all surgical patients.
- ▶ Implement post-op early ambulation throughout LVHN.

NEXT STEP

- ▶ Implement nighttime care clustering as standard work in the hospital setting throughout LVHN.

AUTHORS (LEFT TO RIGHT)

Alexander Talarico, BSN, RN, and Ashley Glennon, BSN, RN. Not pictured: Helen Webb, BSN, RN.



PROJECT

A Multidisciplinary Approach to Patient Education of New Medications

PROJECT PURPOSE (PICO QUESTION)

Does a multidisciplinary approach to education of new medications improve a patient's understanding of their new medications at discharge?

BACKGROUND

- The Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) survey measures inpatient satisfaction.
- According to 5K's HCAHPS scores, patients feel they lack education on the purpose and side effects of their medications.

EVIDENCE HIGHLIGHTS

- A literature search indicated that inadequate medication education can lead to poor patient health literacy, which causes increased risk for hospital readmission.
- The search also showed that team-based direct patient care is an important and effective approach to meeting patient needs and improving care quality.

IMPLEMENTATION

- A survey was created to measure patient satisfaction regarding new medication education.
- From Sept. 28 to Oct. 4, 2015, patients discharged from 5K took the survey.
- From Oct. 5-11, staff learned the importance of multidisciplinary medication education. Tactics included an email to nurses, physicians and pharmacists explaining the benefits of a multidisciplinary approach. Staff was reminded of those benefits during morning and evening



AUTHORS (LEFT TO RIGHT)

Emily Ireland, BSN, RN, and Lisa Kim, BSN, RN

safety huddles. Each discipline also was given teaching points to share with patients, with signs posted throughout the unit serving as further project reminders.

- From, Oct.12-Oct. 16, “post-staff education” surveys were given to patients during discharge.

RESULTS

- Following staff education, 87.5 percent of patients reported they “completely understand” the purpose of their new medication, compared to only 47 percent prior to education.
- In addition, 62.5 percent of patients reported they “completely understand” the side effects of their new medication, compared to only 37.5 percent prior to education.

ACTIONS

- Documentation sheets have been added to patients’ chart on 5K to confirm new medication education has occurred.

- Continued education reminders during safety huddles, which reinforces a network-wide pharmacy initiative to provide bedside delivery of new medications during discharge. To ensure patient understanding, pharmacy staff provides additional medication education at that time.

NEW KNOWLEDGE, INNOVATIONS AND IMPROVEMENTS

NK3

Magnet® hospitals encourage clinical nurses to evaluate and use evidence-based findings in their practice. Our “Spotlight on Evidence” section summarizes two evidence-based projects conducted by our nursing colleagues.

Y SCHEDULE



10 to 25
Interviews
per day

8+

Volunteers
on each
panel

34

Recipients

7

Interview
days

31

Awards and
donors

114

2016 nominees

SE11

Magnet® hospitals recognize nurses for contributions that achieve the organization's strategic priorities. LVHN's Friends of Nursing celebration recognizes individuals and care teams for demonstrating excellence in patient care and professionalism.

Behind the Scenes: The Friends of Nursing Selection Process

INTERVIEW EXPERIENCE IS POWERFUL AND PERSONAL



Elaine Whalen, Volunteer



Jeanna Werner, RN, CEN



Krista Malinoski, RN, OCN

When she learned that two of her nurse colleagues had nominated her for the Fleming Nursing Caring Award, one of 31 Friends of Nursing (FON) awards, “I cried,” says Jeanna Werner, RN, CEN, Emergency Department, LVH–Cedar Crest. “It’s such an honor.”

Werner found herself among more than 110 exceptional nurses – all nominated by colleagues, patients or family members – scheduled to appear before a panel composed of several nurses and one community member. Elaine Whalen, a retired nurse who volunteers with LVHN hospice and No One Dies Alone (NODA), served as a community volunteer on one of the panels. She’d attended FON ceremonies in the past and knew how emotional the program was, so Whalen showed up for her volunteer day with a box of tissues, ready to meet a new interviewee every 15 minutes.

Among them was Werner.

“Just before my interview, I felt sick to my stomach. I was so nervous,” Werner says. As Werner read her prepared remarks about the loss of a baby and her husband’s battle with bone marrow failure, panel volunteers passed around Whalen’s box of tissues.

Another nominee, Krista Malinoski, RN, OCN, an oncology nurse, explained how she’d cared for her father after his diagnosis with brain cancer. “It was the biggest challenge in my nursing career,” she says. “After he passed away, I wondered: Can I still care for oncology patients? But I realized I could, with even more empathy and compassion because I better understand what they and their families are going through. At my desk, I keep pictures of my dad, and they motivate me to do the best I can every day to honor his

memory. It’s made me a better nurse.” As Malinoski spoke, the panel members shed tears along with her.

It took all morning to interview the nominees for the Fleming Nursing Caring Award and, by the end, Whalen’s box of tissues was empty.

“It was even more powerful than the ceremony,” Whalen says. “I couldn’t help but cry with each nominee.”

Werner and Malinoski were both chosen as award recipients. Upon learning she was one of the recipients, Werner raced to the break room to find the nurses who’d nominated her. “When I told them, they cried.”

Award recipients were honored at the Friends of Nursing Celebration 5 p.m. Thursday May 5th at ArtsQuest Center at SteelStacks in Bethlehem, Pa.



STRUCTURAL EMPOWERMENT

SE3EO

Magnet® hospitals support nurses' continuous professional development. By providing the FailSafe program and other certification support programs, we continue to increase the total number of nurses achieving specialized certification.

Behind the Scenes: Earning Nurse Certification

Stephanie Remy, BSN, RN, CMSRN, is a night shift nurse on the Transitional Trauma Unit (TTU) where she cares for adults recovering from falls, head bleeds and other trauma. She has worked in the TTU for four years and loves being part of a network that “empowers and values” nurses. One of the ways she feels empowered is through the FailSafe program that allowed her to pursue Certified Medical-Surgical Registered Nurse (CMSRN) certification for free.

“I took the online review course purchased by LVHN and available to all nurses this past winter,” Remy says. “It took less than 11 hours to complete and included all the information I needed to pass the exam. I had less anxiety pursuing this than when I took the NCLEX.”

To date, 134 of Remy’s colleagues have earned CMSRN certification through the FailSafe program. The online review course is through MED-ED and is available for other nursing specialties such as critical care (CCRN) and progressive care (PCCN). The network also hosts “live” review courses for other specialties including emergency nursing (CEN) and medical-surgical nursing.

“The network wants to make it as easy as possible for nurses to gain certification,” says Pattie Hoak, MSN, RN,

NEA-BC, with the Center for Professional Excellence. “It’s really risk-free because you don’t pay anything, and the results don’t impact employment status. Nurses who are interested should talk to their supervisors.”

Remy now wears a badge that identifies her as “certified” to colleagues and the public. “Nursing practice is constantly evolving and changing. It’s important that our patients know we are up-to-date on current practices,” she says.

Remy’s tips

Online review – Informational modules are presented in video format, with a lesson, review questions and a short test at the end. When a review question pops up, pause the video, think about the answer, then restart the video to see if you are correct. If you’re not sure, rewind and listen to the section again.

Exam prep – Use review resources such as:
► Medical-Surgical Nursing Certification Board website offers 15 free sample questions. You also can get a CMSRN practice exam (75 questions) for a fee.
► Bookstores sell CMSRN exam prep books.

[For more insights about Remy’s CMSRN preparation and testing experience, click here.](#)



Stephanie Remy, BSN, RN, CMSRN

[READ HER FULL INTERVIEW](#)

Nurse Certification

Requirements

- Two years nursing experience for most certifications

Benefits

- No cost review course
- No cost certification exam
- No impact on employment
- Earn annual certification bonus

[Learn about LVHN’s nurse certification preparation opportunities on Center for Professional Excellence intranet site.](#)



Mapping LVHN's Scholarly Reach



~500

Downloads per day

150,000+

Downloads in last year

333,000+

Downloads since 2011

Refresh

Map refreshes every 24 hours

Scholarly Works is your online connection to LVHN-produced research, posters and more.

COOL FEATURE

Animated global map at bottom of the Scholarly Works' home page.

IT'S INTERACTIVE

Map populates with pins showing the cities where scholarly works were accessed.

YOUR REACH

Sign up to receive monthly usage statistics.
Email LibraryServices @lvhn.org for more details.

Pathways to LVHN Scholarly Works

From LVHN.org

1. Click on Research and Education tab.
2. Select Scholarly Works.

From LVH.com intranet

1. Click on Departments; Non-clinical; O-L.
2. Then select Library Services.
3. On the left column, select Scholarly Works.

Tip

To see the map, use an up-to-date browser (such as Google Chrome or Internet Explorer 9 or higher).

AWARDS

Spirit of Hospice Award

Pennsylvania Hospice and Palliative Care Network (PHPCN) Annual Conference in Harrisburg, Pa., in April 2016.

Anna Fernandez, CNA, Inpatient Hospice
Brigitte Naratil, CNA, Inpatient Hospice

Circle of Excellence Award

American Association of Critical Care Nurses (AACN) National Teaching Institute & Critical Care Exposition in New Orleans, in May 2016.

Maureen Smith, MSN, RN, CNRN, Patient Care Specialist

INTERVIEW

"Dual-Focus Nursing Peer Review Model Drives Performance Improvement and Enhances Care Quality," for [Healthcare Business Insights](#), in January 2016.

Carolyn Davidson PhD, RN, CCRN, APRN, CPHQ
Kim Hitchings, MSN, RN, NEA-BC

ORAL PRESENTATIONS

"Integrating Evidence into Practice through a Nurse Residency Program," at the American Nurses Association 7th Annual Nursing Quality Conference in Buena Vista, Fla., in March 2016.

Carolyn Davidson, PhD, RN, CCRN, APRN, CPHQ
Patricia Hoak, MSN, RN, NEA-BC
Matthew Briscese, BSN, RN

"Going Above and Beyond: The Practical Steps and Benefits of Setting Your Nurse Residency Program Apart," at the Vizient/AACN Association of Colleges of Nursing Nurse Residency Program Meeting in Bonita Springs, Fla., in March 2016.

Cynthia A. Cappel, MSN, RN-BC, NE-BC

"Creating a Geriatric Focused Model of Care in Trauma with Geriatric Education," at the 19th Annual Society of Trauma Nurses Conference, TraumaCon in Anaheim, Calif., in March/April 2016.

Kai Bortz, MSN, RN, CMSRN, CNL
Joseph J. Stirparo, MD

"Transforming Care Through Telehealth – The Tipping Point is Now!" at the American Organization of Nurse Executives in Ft. Worth, Texas, in March/April 2016.

Jackie Fenicle, MSN, RN, NEA-BC
Sharon Kromer, BSN, RN, CCRC, CTC

"Clustering Care Promotes Sleep and Enhances Patient Satisfaction," at the 2016 Annual NICHE Conference in Chicago, in April 2016.

Tracie Heckman, MSN, RN, CMSRN
Arielle Cratsenberg, BSN, RN

"Creating a Geriatric Focused Model of Care in Trauma with Geriatric Education," at the 2016 Annual NICHE Conference in Chicago, in April 2016.

Kai Bortz, MSN, RN, CMSRN, CNL

"Advance Directives: Implementing a Staff Nurse Driven Educational Intervention," at the 2016 Annual NICHE Conference in Chicago, in April 2016.

Angela Latorre, BSN, RN, CMSRN
Justine Barnes, BSN, RN, CMSRN

"Regulatory and ONS Standards Related to Hazardous Drugs – Are You and Your Patients Safe?" at the Oncology Nursing Society 41st Annual Congress, in San Antonio, in April/May 2016.

Tiffany Achenbach, MSN, RN, CMSRN
Amy Yaple, RN

"Impacting Oncology Nursing Practice and Outcomes Through an Innovative and Robust Nurse Residency Program," at the Oncology Nursing Society 41st Annual Congress in San Antonio, in April/May 2016.

Jennifer Lanter, BSN, RN
Ashley Owoc, BSN, RN

"Mapping the Journey of a Pediatric Intermediate Care Unit," at the Society of Pediatric Nursing 26th Annual Conference in Minneapolis, in April 2016.

Heather Engiles, BSN, RN
Claire Lollis, BSN, RN, CPN

POSTER PRESENTATIONS

"Helping Nurses Cope with Patient Death: Coping Resource Bundle," at the Vizient/AACN Nurse Residency Program Meeting in Bonita Springs, Fla., in March 2016.

Brittany Esgro, BSN, RN
Amy Gust, BSN, RN
Kate Saunders, BSN, RN
Courtney Yankelitis, BSN, RN

"Annual Unit-Based Validation Using Simulation," at the 19th Annual Society of Trauma Nurses Conference, TraumaCon in Anaheim, Calif., in March/April 2016.

Linda Reinhart, MSN, RN

"Project HUSH—Helping Understand Sleep Heals," at the Eastern Nursing Research Society 28th Annual Scientific Sessions in Pittsburgh, in April 2016.

Marian Daku, BSN, RN, CCRN
Denise Davis-Maludy, MBA, BSN, RN, CCRN
Eva Fox, BSN, RN

"There's No Place Like Home: Meeting the Needs of Long Term Patients in an Acute Care Facility," at the American Association of Neuroscience Nurses 48th Annual Educational Meeting in New Orleans, in April 2016.

Holly D. Tavianini, MSHSA, BSN, RN, CNRN

"EMR Downtime Protocol," at the American Nursing Informatics Association 2016 Annual Conference in San Francisco, in April 2016.

Susan Teti, MSN, RN

"EMR Breastfeeding Screens," at the American Nursing Informatics Association 2016 Annual Conference in San Francisco, in April 2016.

Cheryl Kraemer, MSN, RN-BC, RNC-OB

"Challenges and Successes: Integrating Patient Education in the EMR," at the American Nursing Informatics Association 2016 Annual Conference in San Francisco, in April 2016.

Joanne Stewart, BSN, RN-BC, RNC-OB

"Clinical Readiness—Unique Strategies to Empower Clinical Transformation for EHR Implementation," at the American Nursing Informatics Association 2016 Annual Conference in San Francisco, in April 2016.

Marjorie Lavin, MS, RN, CNRN

SPECIALTY CERTIFICATIONS

Michelle Applegate, RN, CMSRN
Maureen Bamert, RN-BC
Alison Bedekovich, RN, CMSRN
Felicia Bennett, RN, CMSRN
Caitlin Brochu, RN, CMSRN
Jonathan Butron, RN, CMSRN
Alisa Circosta, RN, CMSRN
Rebecca Dale, RN, CMSRN
Jessica Dalton, RN-BC
Cara Eckhart, RN, CMSRN
Anna Folk, RN, CPN
Stephanie Forst, RN, CMSRN
Kirsten Gustafson, RN-BC
Stacia Horvath, RN, CMSRN
Kristen Kelly, RN-BC
Cheryl Kraemer, RN-BC
Michelle Martin, RN, RNC-NIC
Patricia Mitzak, RN-BC
Jean Park, RN, CEN
Robert Ramos, RN-BC
Stephanie Remy, RN, CMSRN
Joanne Stewart, RN-BC
Katie Turner, RN, CMSRN
Nicole Urban-Miller, RN-BC
Julianne Wagner, RN, CEN
Amy Yaple, RN, CMSRN

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